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17691 U.S. PTO

PTO/SB/05 (08-03)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | Attorney Docket No. <b>146712005100</b>                         |  |
|   |  | First Inventor <b>Qixu CHEN</b>                                 |  |
|   |  | Title <b>INTER LAYERS FOR PERPENDICULAR<br/>RECORDING MEDIA</b> |  |
|   |  | Express Mail Label No.  |  |

  

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/><small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>23</b>]</span><br/><small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>9</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>2</b>]</span><ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></li></ul></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/><small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

**19. CORRESPONDENCE ADDRESS**

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| <input checked="" type="checkbox"/> Customer Number: <b>25227</b> | OR <input type="checkbox"/> Correspondence address below |
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|         |           |          |  |
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| Address |           |          |  |
| City    | State     | Zip Code |  |
| Country | Telephone | Fax      |  |

  

|                                      |   |
|--------------------------------------|---|
| Name (Print/Type) <b>Raj S. Dave</b> | Registration No. (Attorney/Agent) <b>42,465</b> |
| Signature                            | Date <b>March 11, 2004</b>                      |

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| FEE TRANSMITTAL<br>for FY 2004   |  | Complete if Known    |                  |
|--|--|----------------------|------------------|
| Effective 10/01/2003, Patent fees are subject to annual revision.              |  | Application Number   | Not Yet Assigned |
|  |  | Filing Date          | March 11, 2004   |
|  |  | First Named Inventor | Qixu CHEN        |
|  |  | Examiner Name        | Not Yet Assigned |
|  |  | Art Unit             | Not Yet Assigned |
|  |  | Attorney Docket No.  | 146712005100     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |                      |                  |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 810.00               |                  |

  

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)  |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
|--|--|--------------|----------------|--|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|-------------------------------------|--------|------|-----|------|-----|---|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|-------------------|--------|------|--------|---|--------|------|-----|--------------|----------------|--|--------------|------|---------|------|------|---|---|--------|-----|------|--------------------|--|--|------|-------|--------------|-----|---|--|-----------------|----------|----------|----------|--|----------|------|-----|------|-----|------------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|---------------------------------------|--|------|-------|------|-------|--|--|------|-----|------|----|--|--|-------------------|-------|------|-----|------------------------------------|------|---|-------|--------------------------|-----|--------------------------------|-------------|-----------------------------------|--------|-----------|----------------|------------------|--|------|----------------|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|-----------------------------------|--|--|--|-------------------|-------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">03-1952</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Morrison &amp; Foerster LLP</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   | <h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$)</td> <td>40.00</td> </tr> </tbody> </table> | Large Entity |                | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath |        | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805              | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |        | 1251 | 110 | 2251         | 55             | Extension for reply within first month |              | 1252 | 420     | 2252 | 210  | Extension for reply within second month |   | 1253   | 950 | 2253 | 475                | Extension for reply within third month |  | 1254 | 1,480 | 2254         | 740 | Extension for reply within fourth month |  | 1255            | 2,010    | 2255     | 1,005    | Extension for reply within fifth month |          | 1401 | 330 | 2401 | 165 | Notice of Appeal       |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing              |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding      |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable                           |  | 1453              | 1,330 | 2453 | 665 | Petition to revive - unintentional |      | 1501  | 1,330 | 2501                     | 665 | Utility issue fee (or reissue) |             | 1502                              | 480    | 2502      | 240            | Design issue fee |  | 1503 | 640            | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$) | 40.00 |
| Large Entity   |  | Small Entity |                | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Fee Code   | Fee (\$)   | Fee Code     | Fee (\$)       |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1051   | 130  | 2051         | 65             | Surcharge - late filing fee or oath  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1052   | 50   | 2052         | 25             | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1053   | 130  | 1053         | 130            | Non-English specification  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1812   | 2,520  | 1812         | 2,520          | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1804   | 920*   | 1804         | 920*           | Requesting publication of SIR prior to Examiner action                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1805   | 1,840*   | 1805         | 1,840*         | Requesting publication of SIR after Examiner action                        |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1251   | 110  | 2251         | 55             | Extension for reply within first month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1252   | 420  | 2252         | 210            | Extension for reply within second month                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1253   | 950  | 2253         | 475            | Extension for reply within third month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1254   | 1,480  | 2254         | 740            | Extension for reply within fourth month                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1255   | 2,010  | 2255         | 1,005          | Extension for reply within fifth month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1401   | 330  | 2401         | 165            | Notice of Appeal   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1402   | 330  | 2402         | 165            | Filing a brief in support of an appeal                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1403   | 290  | 2403         | 145            | Request for oral hearing   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1451   | 1,510  | 1451         | 1,510          | Petition to institute a public use proceeding                              |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1452   | 110  | 2452         | 55             | Petition to revive - unavoidable   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1453   | 1,330  | 2453         | 665            | Petition to revive - unintentional   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1501   | 1,330  | 2501         | 665            | Utility issue fee (or reissue)   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1502   | 480  | 2502         | 240            | Design issue fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1503   | 640  | 2503         | 320            | Plant issue fee  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1460   | 130  | 1460         | 130            | Petitions to the Commissioner  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1807   | 50   | 1807         | 50             | Processing fee under 37 CFR 1.17(q)  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1806   | 180  | 1806         | 180            | Submission of Information Disclosure Stmt                                  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 8021   | 40   | 8021         | 40             | Recording each patent assignment per property (times number of properties) | 40.00    |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1809   | 770  | 2809         | 385            | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1810   | 770  | 2810         | 385            | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1801   | 770  | 2801         | 385            | Request for Continued Examination (RCE)                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1802   | 900  | 1802         | 900            | Request for expedited examination of a design application                  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Other fee (specify)  |  |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| *Reduced by Basic Filing Fee Paid  |  |              |                | SUBTOTAL (3) (\$)  | 40.00    |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| <h3 style="margin: 0;">1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$)</td> <td></td> <td>770.00</td> </tr> </tbody> </table> <h3 style="margin: 0;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>20</td> <td>-20** =</td> <td></td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3** =</td> <td></td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (2) (\$)</td> <td></td> <td>0.00</td> </tr> </tbody> </table> <p style="font-size: 0.8em;">** or number previously paid, if greater; For Reissues, see above</p> |  | Large Entity |                | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee                  | 770.00 | 1002 | 340 | 2002 | 170 | Design filing fee                                       |  | 1003 | 530 | 2003 | 265 | Plant filing fee          |  | 1004 | 770   | 2004 | 385   | Reissue filing fee                                     |  | 1005 | 160  | 2005 | 80   | Provisional filing fee                                 |  | SUBTOTAL (1) (\$) |        |      |        |   | 770.00 |      |     | Extra Claims | Fee from below | Fee Paid                               | Total Claims | 20   | -20** = |      | 0.00 | Independent Claims                      | 2 | -3** = |     | 0.00 | Multiple Dependent |  |  |      |       | Large Entity |     | Small Entity                            |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code                               | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20 |  | 1201 | 86  | 2201 | 43  | Independent claims in excess of 3      |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86    | 2204 | 43    | ** Reissue independent claims over original patent |  | 1205 | 18  | 2205 | 9  | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) (\$) |       |      |     |                                    | 0.00 | <h3 style="margin: 0;">SUBMITTED BY</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2" style="text-align: center;">(Complete if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name (Print/Type)</td> <td>Raj S. Dave</td> </tr> <tr> <td>Registration No. (Attorney/Agent)</td> <td>42,465</td> </tr> <tr> <td>Telephone</td> <td>(703) 760-7755</td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr> <td>Date</td> <td>March 11, 2004</td> </tr> </tbody> </table> |       | (Complete if applicable) |     | Name (Print/Type)              | Raj S. Dave | Registration No. (Attorney/Agent) | 42,465 | Telephone | (703) 760-7755 | Signature        |  | Date | March 11, 2004 |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Large Entity   |  | Small Entity |                | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Fee Code   | Fee (\$)   | Fee Code     | Fee (\$)       |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1001   | 770  | 2001         | 385            | Utility filing fee   | 770.00   |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1002   | 340  | 2002         | 170            | Design filing fee  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1003   | 530  | 2003         | 265            | Plant filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1004   | 770  | 2004         | 385            | Reissue filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1005   | 160  | 2005         | 80             | Provisional filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| SUBTOTAL (1) (\$)  |  |              |                |  | 770.00   |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
|  |  | Extra Claims | Fee from below | Fee Paid   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Total Claims   | 20   | -20** =      |                | 0.00   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Independent Claims   | 2  | -3** =       |                | 0.00   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Multiple Dependent   |  |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Large Entity   |  | Small Entity |                | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Fee Code   | Fee (\$)   | Fee Code     | Fee (\$)       |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1202   | 18   | 2202         | 9              | Claims in excess of 20   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1201   | 86   | 2201         | 43             | Independent claims in excess of 3  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1203   | 290  | 2203         | 145            | Multiple dependent claim, if not paid                                      |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1204   | 86   | 2204         | 43             | ** Reissue independent claims over original patent                         |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| 1205   | 18   | 2205         | 9              | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| SUBTOTAL (2) (\$)  |  |              |                |  | 0.00     |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| (Complete if applicable)   |  |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Name (Print/Type)  | Raj S. Dave  |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Registration No. (Attorney/Agent)  | 42,465   |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Telephone  | (703) 760-7755   |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Signature  |  |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |
| Date   | March 11, 2004   |              |                |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                   |        |      |        |   |        |      |     |              |                |  |              |      |         |      |      |   |   |        |     |      |                    |  |  |      |       |              |     |   |  |                 |          |          |          |  |          |      |     |      |     |                        |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |     |      |    |  |  |                   |       |      |     |                                    |      |   |       |                          |     |                                |             |                                   |        |           |                |                  |  |      |                |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                                   |  |  |  |                   |       |